

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: AIR BEARING SLIDER HAVING A BEARING  
PROFILE CONTOURED FOR PRESSURIZATION  
PROXIMATE TO NODAL REGIONS OF A  
SLIDER-DISC INTERFACE  
Attorney Docket Number:: S01.12-0979/STL 11229.00  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: FIG. 13  
Total Drawing Sheets:: 12  
Small Entity?:: No  
Petition included?:: No  
Petition Type::

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Given Name:: Michael David  
Family Name:: Mundt  
Name Suffix::  
City of Residence:: Longmont  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of Mailing address:: 815 Vireo Court  
City of Mailing address:: Longmont  
State of Province of mailing address:: CO  
Country of mailing address::  
Postal or Zip Code:: 80501

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Given Name:: Craig William  
Family Name:: Miller  
Name Suffix::  
City of Residence:: Loveland  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of Mailing address:: 3501 Rainbow Lane  
City of Mailing address:: Loveland  
State of Province of mailing address:: CO  
Country of mailing address::  
Postal or Zip Code:: 80537

#### **Correspondence Information**

Name:: Deirdre Megley Kvale  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600  
City of mailing address:: Minneapolis  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55402-3319  
Phone number:: 612/334-3222  
Fax number:: 612/334-3212  
E-Mail address:: dkvale@wck.com

#### **Representative Information**

Representative Customer Number::	000027365	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

**Assignee Information**

Assignee name:: Seagate Technology LLC  
Street of mailing address:: 920 Disc Drive  
City of mailing address:: Scotts Valley  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95066